

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 10:17 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2013 Time: 10:17 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 00130 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL (140288) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	2,146,923	316,757	5,245	0 1.00
2.00 Subprovider - IPF	0	4,514	60,254		0 2.00
3.00 Subprovider - IRF	0	0	0		0 3.00
4.00 SUBPROVIDER I	0	0	0		0 4.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0	0	0		0 6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0 7.00
8.00 NURSING FACILITY	0	0	0		0 8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0 9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0 10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0 11.00
12.00 CMHC I	0	0	0		0 12.00
200.00 Total	0	2,151,437	377,011	5,245	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 10:16 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60515- County: DUPAGE				
1.00 Street: 3815 HIGHLAND AVENUE		2.00 City: DOWNERS GROVE								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE GOOD SAMARI TAN HOSPITAL	140288	29404	1	10/11/1976	N	P	0	3.00
4.00	Subprovider - IPF	ADVOC GOOD SAMARI TAN PSYCH UNIT	14S288	29404	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,175	2,089	16	0	356	5		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural St	Date of Geogra			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 10:16 am		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N		39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))								
			1.00	2.00	3.00	4.00		5.00					
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00						
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))								
			1.00	2.00	3.00								
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010													
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00						
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))								
			1.00	2.00	3.00	4.00		5.00					
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000		67.00						
<table border="1"> <thead> <tr> <th>1.00</th> <th>2.00</th> <th>3.00</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>								1.00	2.00	3.00			
1.00	2.00	3.00											
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00						
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 10:16 am		
		1.00	2.00	3.00		
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
		1.00		2.00		3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums		Losses		Insurance
		1.00		2.00		3.00
118.01	List amounts of malpractice premiums and paid losses:	5,357,719		2,010,000		843,396
						118.01

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		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:		
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	145.00
		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 10:16 am	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 10:16 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2013 10:16 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT	SMALL		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764	ROBERT.SMALL@ADVOCATEHEALTH.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	235	86,010	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		235	86,010	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,130	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		290	106,140	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,176		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		326				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	22,472	6,015	47,356			1.00
2.00 HMO	2,246	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,472	6,015	47,356			7.00
8.00 INTENSIVE CARE UNIT	8,244	864	12,930			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		902	3,977			13.00
14.00 Total (see instructions)	30,716	7,781	64,263	0.00	1,876.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,380	860	10,092	0.00	90.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,966.00	27.00
28.00	Observation Bed Days		24	454			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	6,447	1,119	16,022	1.00
2.00	HMO			509			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,447	1,119	16,022	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	434	116	1,103	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/29/2013 10:16 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	126,612,565	0	126,612,565	3,958,614.00	31.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		8,183,233	0	8,183,233	248,726.00	32.90	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		509,077	0	509,077	6,466.00	78.73	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,515,821	0	4,515,821	48,413.00	93.28	13.00
14.00	Home office salaries & wage-related costs		22,086,614	0	22,086,614	500,415.00	44.14	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		34,906,880	0	34,906,880			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		2,352,744	0	2,352,744			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		159,383	0	159,383			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	2,187,873	0	2,187,873	10,875.00	201.18	26.00
27.00	Administrative & General	5.00	15,487,275	0	15,487,275	483,538.00	32.03	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,735,042	0	1,735,042	58,115.00	29.86	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,020,810	0	2,020,810	158,912.00	12.72	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,303,069	0	2,303,069	144,352.00	15.95	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,579,820	0	4,579,820	125,965.00	36.36	38.00
39.00	Central Services and Supply	14.00	2,003,628	0	2,003,628	124,946.00	16.04	39.00
40.00	Pharmacy	15.00	5,143,671	0	5,143,671	119,787.00	42.94	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 10:16 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	2,176,850	0	2,176,850	57,221.00	38.04	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2013 10:16 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	126,612,565	0	126,612,565	3,958,614.00	31.98	1.00
2.00	Excluded area salaries (see instructions)	8,183,233	0	8,183,233	248,726.00	32.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	118,429,332	0	118,429,332	3,709,888.00	31.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,111,512	0	27,111,512	555,294.00	48.82	4.00
5.00	Subtotal wage-related costs (see inst.)	34,906,880	0	34,906,880	0.00	29.47	5.00
6.00	Total (sum of lines 3 thru 5)	180,447,724	0	180,447,724	4,265,182.00	42.31	6.00
7.00	Total overhead cost (see instructions)	37,638,038	0	37,638,038	1,283,711.00	29.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2013 10:16 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,535,475	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,060,700	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		360,470	6.00
7.00	Employee Managed Care Program Administration Fees		1,791,255	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		10,851,972	8.00
9.00	Prescription Drug Plan		2,276,821	9.00
10.00	Dental, Hearing and Vision Plan		632,409	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		188,592	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,015,121	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,673,068	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		9,044,986	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		610,417	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		291,222	21.00
22.00	Day Care Cost and Allowances		171,224	22.00
23.00	Tuition Reimbursement		907,778	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		36,411,510	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/29/2013 10:16 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		509,077	0 1.00
2.00	Hospital		474,415	0 2.00
3.00	Subprovider - IPF		34,662	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 10:16 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.251311	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,751,305	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			94,022,088	6.00
7.00	Medicaid cost (line 1 times line 6)			23,628,785	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			11,877,480	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 11, 12 and 16)			11,877,480	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	27,705,132	1,541,286	29,246,418	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,962,604	387,342	7,349,946	21.00
22.00	Partial payment by patients approved for charity care	544,577	165,332	709,909	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,418,027	222,010	6,640,037	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			15,777,756	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			791,520	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			14,986,236	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			3,766,206	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			10,406,243	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,283,723	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	9,230,902	9,230,902	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	6,609,850	6,609,850	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,187,873	28,271,239	30,459,112	-370,165	30,088,947
5.01	00510	NONPATIENT TELEPHONES	380,552	587,183	967,735	-24,578	943,157
5.02	00511	DATA PROCESSING	0	1,669,154	1,669,154	-52,369	1,616,785
5.03	00512	PURCHASING RECEIVING AND STORES	0	516,388	516,388	-6,323	510,065
5.04	00513	ADMINITTING	2,820,047	484,675	3,304,722	-42,139	3,262,583
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,595,429	10,858,425	13,453,854	-12,795	13,441,059
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,691,247	54,384,365	64,075,612	-8,950,710	55,124,902
6.00	00600	MAINTENANCE & REPAIRS	1,735,042	9,025,228	10,760,270	-126,412	10,633,858
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	177,433	177,433	76,585	254,018
9.00	00900	HOUSEKEEPING	2,020,810	1,182,168	3,202,978	-29,072	3,173,906
10.00	01000	DIETARY	2,303,069	1,752,665	4,055,734	-44,779	4,010,955
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,579,820	1,099,198	5,679,018	-28,330	5,650,688
14.00	01400	CENTRAL SERVICES & SUPPLY	2,003,628	2,449,062	4,452,690	-1,617,827	2,834,863
15.00	01500	PHARMACY	5,143,671	12,187,106	17,330,777	-409,663	16,921,114
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,000,662	3,000,662	-8,462	2,992,200
17.00	01700	SOCIAL SERVICE	2,176,850	465,053	2,641,903	-796	2,641,107
23.00	02300	PARAMED ED PRGM-(SPECIFY)	411,205	228,121	639,326	-13,089	626,237
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,003,177	4,727,584	25,730,761	-1,454,624	24,276,137
31.00	03100	INTENSIVE CARE UNIT	10,284,422	4,150,908	14,435,330	-1,232,249	13,203,081
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	6,183,156	928,855	7,112,011	-76,225	7,035,786
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,743,892	786,508	3,530,400	-262,892	3,267,508
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,225,856	31,072,573	41,298,429	-27,394,381	13,904,048
50.01	05001	OPERATING ROOM	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,296,745	172,375	1,469,120	-35,502	1,433,618
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,975,545	1,741,917	4,717,462	-458,407	4,259,055
53.00	05300	ANESTHESIOLOGY	257,539	1,799,138	2,056,677	-477,373	1,579,304
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,479,278	16,698,653	30,177,931	-12,654,861	17,523,070
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	13,629,497	13,629,497	-1,815,052	11,814,445
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	956,661	956,661	-127,237	829,424
65.00	06500	RESPIRATORY THERAPY	2,700,298	941,070	3,641,368	-668,220	2,973,148
66.00	06600	PHYSICAL THERAPY	1,820,386	268,757	2,089,143	-50,241	2,038,902
67.00	06700	OCCUPATIONAL THERAPY	1,442,021	126,526	1,568,547	-4,223	1,564,324
69.00	06900	ELECTROCARDIOLOGY	2,761,444	1,768,333	4,529,777	-154,614	4,375,163
70.00	07000	ELECTROENCEPHALOGRAPHY	165,442	171,246	336,688	-66,303	270,385
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,565,349	6,565,349
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	37,370,741	37,370,741
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	570,356	570,356	-29,556	540,800
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	1,188,820	521,429	1,710,249	-41,622	1,668,627
90.02	09002	WOUND CARE CLINIC	355,541	328,535	684,076	-166,873	517,203
91.00	09100	EMERGENCY	7,271,235	5,940,469	13,211,704	-861,984	12,349,720
91.01	09101	DAY HOSPITAL	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	819,653	198,359	1,018,012	-43,161	974,851
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	125,023,693	215,837,874	340,861,567	40,318	340,901,885	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,588,872	1,366,199	2,955,071	-40,318	2,914,753	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	126,612,565	217,204,073	343,816,638	0	343,816,638	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	432,281	9,663,183				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,604,506	8,214,356				2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	4,152,905	34,241,852				4.00
5.01	00510	NONPATIENT TELEPHONES	-387,094	556,063				5.01
5.02	00511	DATA PROCESSING	3,901,407	5,518,192				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	510,065				5.03
5.04	00513	ADMITTING	0	3,262,583				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-219,395	13,221,664				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-29,488,705	25,636,197				5.06
6.00	00600	MAINTENANCE & REPAIRS	-71,780	10,562,078				6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-3,972	250,046				8.00
9.00	00900	HOUSEKEEPING	-6,683	3,167,223				9.00
10.00	01000	DIETARY	-1,368,883	2,642,072				10.00
11.00	01100	CAFETERIA	0	0				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	-156,230	5,494,458				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-112,998	2,721,865				14.00
15.00	01500	PHARMACY	-200,247	16,720,867				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-27,023	2,965,177				16.00
17.00	01700	SOCIAL SERVICE	-44,678	2,596,429				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-143,506	482,731				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-1,157,390	23,118,747				30.00
31.00	03100	INTENSIVE CARE UNIT	-683,609	12,519,472				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - I/PF	-183,227	6,852,559				40.00
41.00	04100	SUBPROVIDER - I/RF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	-164,416	3,103,092				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	-118,274	13,785,774				50.00
50.01	05001	OPERATING ROOM	0	0				50.01
51.00	05100	RECOVERY ROOM	-24,968	1,408,650				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-834,928	3,424,127				52.00
53.00	05300	ANESTHESIOLOGY	-1,102,473	476,831				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-341,150	17,181,920				54.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	-366,435	11,448,010				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	829,424				62.00
65.00	06500	RESPIRATORY THERAPY	-794	2,972,354				65.00
66.00	06600	PHYSICAL THERAPY	-51,850	1,987,052				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,564,324				67.00
69.00	06900	ELECTROCARDIOLOGY	-747,218	3,627,945				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	270,385				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,565,349				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	37,370,741				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	540,800				74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0				76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	1,668,627	90.01
90.02	09002	WOUND CARE CLINIC	0	517,203	90.02
91.00	09100	EMERGENCY	-3,433,428	8,916,292	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	974,851	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-31,350,255	309,551,630	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	-462,642	2,452,111	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-31,812,897	312,003,741	200.00

RECLASSIFICATIONS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - VACATION ACCRUAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	368,685	1.00
	TOTALS		0	368,685	
B - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	82,337	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		0	82,337	
C - EQUIPMENT CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,609,850	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	6,609,850	
D - OUTPATIENT REGISTRATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5	1.00
	TOTALS		0	5	
E - GL BLDG CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,230,902	1.00
	TOTALS		0	9,230,902	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	43,936,090	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

Provider CCN: 140288

Period:
From 01/01/2012
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Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	43,936,090		
	G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	37,370,741		1.00
	TOTALS		0	37,370,741		
500.00	Grand Total: Increases		0	97,598,610		500.00

RECLASSIFICATIONS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS	4.00	0	368,685	0	1.00
	TOTALS		0	368,685		
B - LAUNDRY COSTS						
1.00	DIETARY	10.00	0	8,703	0	1.00
2.00	OPERATING ROOM	50.00	0	318	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	84	0	3.00
4.00	SPORTS MEDICINE	90.01	0	27,257	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	4,070	0	5.00
6.00	EMERGENCY	91.00	0	39,283	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	2,212	0	7.00
8.00	WOUND CARE CLINIC	90.02	0	410	0	8.00
	TOTALS		0	82,337		
C - EQUIPMENT CAPITAL DEPRECIATION						
1.00	EMPLOYEE BENEFITS	4.00	0	1,309	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	22,909	9	2.00
3.00	DATA PROCESSING	5.02	0	52,369	9	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,894	9	4.00
5.00	ADMINISTRATIVE	5.04	0	40,946	9	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	12,714	9	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	83,143	9	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	35,654	9	8.00
9.00	RENAL DIALYSIS	74.00	0	21,795	9	9.00
10.00	HOUSEKEEPING	9.00	0	12,656	9	10.00
11.00	DIETARY	10.00	0	27,009	9	11.00
12.00	NURSING ADMINISTRATION	13.00	0	28,101	9	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	65,940	9	13.00
14.00	PHARMACY	15.00	0	133,354	9	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,711	9	15.00
16.00	SOCIAL SERVICE	17.00	0	673	9	16.00
17.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	12,895	9	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	287,157	9	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	545,122	9	19.00
20.00	SUBPROVIDER - IPF	40.00	0	27,452	9	20.00
21.00	NURSERY	43.00	0	126,370	9	21.00
22.00	OPERATING ROOM	50.00	0	2,036,020	9	22.00
23.00	RECOVERY ROOM	51.00	0	4,043	9	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	88,180	9	24.00
25.00	ANESTHESIOLOGY	53.00	0	12,987	9	25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,545,179	9	26.00
27.00	LABORATORY	60.00	0	14,765	9	27.00
28.00	RESPIRATORY THERAPY	65.00	0	109,521	9	28.00
29.00	PHYSICAL THERAPY	66.00	0	21,063	9	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	937	9	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	85,904	9	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,295	9	32.00
33.00	EMERGENCY	91.00	0	91,496	9	33.00
34.00		0.00	0	0	9	34.00
35.00	PAIN CLINIC	91.02	0	17,117	9	35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	5,119	9	36.00
37.00	SPORTS MEDICINE	90.01	0	4,051	9	37.00
	TOTALS		0	6,609,850		
D - OUTPATIENT REGISTRATION						
1.00	ADMINISTRATIVE	5.04	0	5	0	1.00
	TOTALS		0	5		
E - GL BLDG CAPITAL DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,230,902	9	1.00
	TOTALS		0	9,230,902		
F - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	171	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,669	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	2,429	0	3.00
4.00	ADMINISTRATIVE	5.04	0	1,188	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	81	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,355	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	90,758	0	7.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	5,752	0	9.00
10.00	HOUSEKEEPING	9.00	0	16,416	0	10.00
11.00	DIETARY	10.00	0	9,067	0	11.00

RECLASSIFICATIONS

Provider CCN: 140288

Period:
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Worksheet A-6

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
12.00	NURSING ADMINISTRATION	13.00	0	229	0		12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,551,803	0		13.00	
14.00	PHARMACY	15.00	0	276,309	0		14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	751	0		15.00	
16.00	SOCIAL SERVICE	17.00	0	123	0		16.00	
17.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	194	0		17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	1,167,467	0		18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	687,127	0		19.00	
20.00	SUBPROVIDER - IPF	40.00	0	48,773	0		20.00	
21.00	NURSERY	43.00	0	136,522	0		21.00	
22.00	OPERATING ROOM	50.00	0	25,358,043	0		22.00	
23.00	RECOVERY ROOM	51.00	0	31,459	0		23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	370,227	0		24.00	
25.00	ANESTHESIOLOGY	53.00	0	464,386	0		25.00	
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,109,682	0		26.00	
27.00	LABORATORY	60.00	0	1,800,287	0		27.00	
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	127,237	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	558,699	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	25,108	0		30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	3,286	0		31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	66,498	0		32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	42,008	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	7,761	0		34.00	
35.00	PAIN CLINIC	91.02	0	26,044	0		35.00	
36.00	WOUND CARE CLINIC	90.02	0	166,463	0		36.00	
37.00	EMERGENCY	91.00	0	731,205	0		37.00	
38.00	SPORTS MEDICINE	90.01	0	10,314	0		38.00	
39.00	OTHER NONREIMBURSABLE	190.01	0	35,199	0		39.00	
	TOTALS		0	43,936,090				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	37,370,741	0		1.00	
	TOTALS		0	37,370,741				
500.00	Grand Total: Decreases		0	97,598,610			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,804,313	0	0	0	1.00
2.00	Land Improvements	8,268,607	1,588,284	0	1,588,284	2.00
3.00	Buildings and Fixtures	199,230,576	2,381,238	0	2,381,238	3.00
4.00	Building Improvements	4,433,474	27,090	0	27,090	4.00
5.00	Fixed Equipment	88,246,399	8,321,524	0	8,321,524	5.00
6.00	Movable Equipment	205,775	1,214,840	0	1,214,840	6.00
7.00	HIT designated Assets	700,491	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	305,889,635	13,532,976	0	13,532,976	8.00
9.00	Reconciling Items	-1,955,443	-5,804,451	0	-5,804,451	9.00
10.00	Total (line 8 minus line 9)	307,845,078	19,337,427	0	19,337,427	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,804,313	0			1.00
2.00	Land Improvements	9,856,891	5,478,291			2.00
3.00	Buildings and Fixtures	201,611,814	38,743,952			3.00
4.00	Building Improvements	4,460,564	527,060			4.00
5.00	Fixed Equipment	95,969,457	55,039,994			5.00
6.00	Movable Equipment	1,393,889	119,386			6.00
7.00	HIT designated Assets	700,491	0			7.00
8.00	Subtotal (sum of lines 1-7)	318,797,419	99,908,683			8.00
9.00	Reconciling Items	-4,182,895	0			9.00
10.00	Total (line 8 minus line 9)	322,980,314	99,908,683			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	232,903	0	232,903	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	232,903	0	232,903	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,663,183	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,214,356	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,877,539	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,663,183	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,214,356	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,877,539	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			3.00	4.00	
1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-387,094	NONPATIENT TELEPHONES	5.01	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-7,095,919			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,827,018			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests		0		0.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts		0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	232,903	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-30,257	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 CONTRIBUTION EXPS	A	-2,250	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.00
34.02 PERINATAL	A	-105,155	NURSERY	43.00	0 34.02
35.00 INTEREST EXPS	A	-3,755,778	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
36.00 OOR	B	-366,778	EMERGENCY		91.00	0 36.00
37.00 OOR	B	1,160	EMPLOYEE BENEFITS		4.00	0 37.00
38.00 OOR	B	-115,280	CASHERING/ACCOUNTS RECEIVABLE		5.05	0 38.00
39.00 OOR	B	-1,284,461	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 39.00
40.00 OOR	B	-71,744	MAINTENANCE & REPAIRS		6.00	0 40.00
41.00 OOR	B	-416	SOCIAL SERVICE		17.00	0 41.00
42.00 OOR	B	-3,972	LAUNDRY & LINEN SERVICE		8.00	0 42.00
43.00 OOR	B	-6,600	HOUSEKEEPING		9.00	0 43.00
44.00 OOR	B	-1,367,873	DIETARY		10.00	0 44.00
44.01 OOR	B	-155,946	NURSING ADMINISTRATION		13.00	0 44.01
45.00 OOR	B	-112,998	CENTRAL SERVICES & SUPPLY		14.00	0 45.00
45.01 OOR	B	-199,194	PHARMACY		15.00	0 45.01
45.02 OOR	B	-26,744	MEDICAL RECORDS & LIBRARY		16.00	0 45.02
45.03 OOR	B	-115,836	PARAMED ED PRGM-(SPECIFY)		23.00	0 45.03
45.04 OOR	B	-776,573	ADULTS & PEDIATRICS		30.00	0 45.04
45.05 OOR	B	-56,803	INTENSIVE CARE UNIT		31.00	0 45.05
45.06 OOR	B	-28,830	SUBPROVIDER - IPF		40.00	0 45.06
45.07 OOR	B	-42,093	NURSERY		43.00	0 45.07
45.08 OOR	B	-108,851	RADIOLOGY-DIAGNOSTIC		54.00	0 45.08
45.09 NONALLOWABLE	A	-279	MEDICAL RECORDS & LIBRARY		16.00	0 45.09
45.10 ORR	B	-366,132	LABORATORY		60.00	0 45.10
45.11 NONALLOWABLE	A	-303	LABORATORY		60.00	0 45.11
45.12 OOR	B	-750	RESPIRATORY THERAPY		65.00	0 45.12
45.13 OOR	B	-111,926	OPERATING ROOM		50.00	0 45.13
45.14 OOR	B	-436,079	OTHER NONREIMBURSABLE		190.01	0 45.14
45.16 OOR	B	-40,615	ELECTROCARDIOLOGY		69.00	0 45.16
45.18 PA ASSESSMENT EXPENSE	A	-5,591,633	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.18
45.20 PHO	A	-2,720,446	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.20
45.21 SPECIALTY BILLING	A	-104,006	CASHERING/ACCOUNTS RECEIVABLE		5.05	0 45.21
45.22 PROFESSIONAL PART B	A	-30,383	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.22
45.23 AHA LOBBYING	A	-333,717	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.23
45.25 NONALLOWABLE	A	-2,669	EMPLOYEE BENEFITS		4.00	0 45.25
45.26 NONALLOWABLE	A	-109	CASHERING/ACCOUNTS RECEIVABLE		5.05	0 45.26
45.27 NONALLOWABLE	A	-53,057	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.27
45.28 NONALLOWABLE	A	-36	MAINTENANCE & REPAIRS		6.00	0 45.28
45.29 NONALLOWABLE	A	-83	HOUSEKEEPING		9.00	0 45.29
45.30 NONALLOWABLE	A	-1,010	DIETARY		10.00	0 45.30
45.31 NONALLOWABLE	A	-284	NURSING ADMINISTRATION		13.00	0 45.31
45.32 NONALLOWABLE	A	-1,053	PHARMACY		15.00	0 45.32
45.33 NONALLOWABLE	A	-44,262	SOCIAL SERVICE		17.00	0 45.33
45.34 NONALLOWABLE	A	-27,670	PARAMED ED PRGM-(SPECIFY)		23.00	0 45.34
45.35 NONALLOWABLE	A	-9,778	ADULTS & PEDIATRICS		30.00	0 45.35
45.36 NONALLOWABLE	A	-11,769	INTENSIVE CARE UNIT		31.00	0 45.36
45.37 NONALLOWABLE	A	-5,007	SUBPROVIDER - IPF		40.00	0 45.37
45.38 NONALLOWABLE	A	-17,168	NURSERY		43.00	0 45.38
45.40 NONALLOWABLE	A	-6,348	OPERATING ROOM		50.00	0 45.40
45.41 NONALLOWABLE	A	-93	RECOVERY ROOM		51.00	0 45.41
45.42 NONALLOWABLE	A	-3,615	DELIVERY ROOM & LABOR ROOM		52.00	0 45.42
45.43 NONALLOWABLE	A	-6,254	RADIOLOGY-DIAGNOSTIC		54.00	0 45.43
45.44 NONALLOWABLE	A	-44	RESPIRATORY THERAPY		65.00	0 45.44
45.46 NONALLOWABLE	A	-25	ELECTROCARDIOLOGY		69.00	0 45.46
45.47 NONALLOWABLE	A	-49,331	EMERGENCY		91.00	0 45.47
45.48 NONALLOWABLE	A	-26,563	OTHER NONREIMBURSABLE		190.01	0 45.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,812,897				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 10:16 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	PERSONNEL	4,154,414	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	3,901,407	0
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE	6,743,253	22,460,233
4.00	0.00		OLD B&F	0	0
4.01	0.00		OLD ME	0	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIXTURE	NEW B&F	199,378	0
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUIPMENT	NEW ME	1,634,763	0
5.00	0			16,633,215	22,460,233

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		0.00	ADVOCATE HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 10:16 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,154,414	0		1.00
2.00	3,901,407	0		2.00
3.00	-15,716,980	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	199,378	9		4.02
4.03	1,634,763	9		4.03
5.00	-5,827,018			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 10:16 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	615,037	0	615,037	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	149,390	0	149,390	208	1	2.00
3.00	51.00	RECOVERY ROOM	24,875	0	24,875	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	831,313	0	831,313	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	1,102,500	0	1,102,500	208	270	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	226,045	31,890	194,155	208	1	6.00
7.00	66.00	PHYSICAL THERAPY	51,850	0	51,850	208	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	706,578	706,578	0	208	96	8.00
9.00	91.00	EMERGENCY	3,017,319	10,500	3,006,819	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	371,039	371,039	0	0	0	10.00
200.00			7,095,946	1,120,007	5,975,939		373	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	51.00	RECOVERY ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	27	1	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	10	1	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
200.00			37	2	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	31.00	INTENSIVE CARE UNIT	0	0	615,037	615,037	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	149,390	149,390	2.00
3.00	51.00	RECOVERY ROOM	0	0	24,875	24,875	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	831,313	831,313	4.00
5.00	53.00	ANESTHESIOLOGY	0	27	1,102,473	1,102,473	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	194,155	226,045	6.00
7.00	66.00	PHYSICAL THERAPY	0	0	51,850	51,850	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	10	0	706,578	8.00
9.00	91.00	EMERGENCY	0	0	3,006,819	3,017,319	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	371,039	10.00
200.00			0	37	5,975,912	7,095,919	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	9,663,183	9,663,183			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	8,214,356		8,214,356		2.00
4.00 00400	EMPLOYEE BENEFITS	34,241,852	26,056	22,150	34,290,058	4.00
5.01 00510	NONPATIENT TELEPHONES	556,063	26,374	22,420	104,848	709,705 5.01
5.02 00511	DATA PROCESSING	5,518,192	24,746	21,036	0	17,284 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	510,065	12,195	10,367	0	216 5.03
5.04 00513	ADMINISTRATIVE	3,262,583	25,255	21,469	776,968	9,290 5.04
5.05 00514	CASHERING/ACCOUNTS RECEIVABLE	13,221,664	11,470	9,751	715,082	3,025 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	25,636,197	468,338	398,119	2,670,094	76,912 5.06
6.00 00600	MAINTENANCE & REPAIRS	10,562,078	3,032,045	2,577,440	478,032	34,351 6.00
7.00 00700	OPERATION OF PLANT	0	223,824	190,266	0	648 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	250,046	7,783	6,616	0	648 8.00
9.00 00900	HOUSEKEEPING	3,167,223	32,529	27,652	556,765	5,833 9.00
10.00 01000	DIETARY	2,642,072	230,742	196,146	634,532	10,586 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	5,494,458	77,800	66,135	1,261,814	13,179 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,721,865	277,157	235,602	552,032	14,691 14.00
15.00 01500	PHARMACY	16,720,867	71,238	60,557	1,417,164	15,771 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,965,177	44,381	37,727	0	648 16.00
17.00 01700	SOCIAL SERVICE	2,596,429	0	0	599,757	6,697 17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	482,731	0	0	113,294	648 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,118,747	1,073,621	912,650	5,786,772	133,947 30.00
31.00 03100	INTENSIVE CARE UNIT	12,519,472	575,717	489,398	2,833,523	57,684 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	6,852,559	279,078	237,235	1,703,558	26,789 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	3,103,092	53,181	45,207	755,986	7,562 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,785,774	1,001,899	851,682	2,817,387	61,573 50.00
50.01 05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	1,408,650	81,844	69,573	357,274	7,129 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,424,127	201,774	171,521	819,810	17,932 52.00
53.00 05300	ANESTHESIOLOGY	476,831	4,947	4,205	70,956	1,728 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,181,920	456,842	388,347	3,713,757	71,079 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	11,448,010	177,574	150,950	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	829,424	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	2,972,354	22,686	19,285	743,975	6,697 65.00
66.00 06600	PHYSICAL THERAPY	1,987,052	55,915	47,531	501,545	8,426 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,564,324	58,547	49,769	397,300	3,673 67.00
69.00 06900	ELECTROCARDIOLOGY	3,627,945	129,175	109,807	760,822	18,796 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	270,385	3,014	2,562	45,582	864 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,565,349	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	37,370,741	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	540,800	0	0	9,003	864 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	SPORTS MEDICINE	1,668,627	0	0	327,539	648 90.01
90.02 09002	WOUND CARE CLINIC	517,203	30,812	26,192	97,957	0 90.02
91.00 09100	EMERGENCY	8,916,292	260,588	221,517	2,003,342	43,425 91.00
91.01 09101	DAY HOSPITAL	0	0	0	0	0 91.01
91.02 09102	PAIN CLINIC	974,851	47,242	40,159	225,828	5,833 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	309,551,630	9,106,389	7,741,043	33,852,298	685,076 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01 19001	OTHER NONREIMBURSABLE	2,452,111	556,794	473,313	437,760	24,629 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	312,003,741	9,663,183	8,214,356	34,290,058	709,705 202.00
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00511	DATA PROCESSING	5,581,258				5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	532,843			5.03
5.04 00513	ADMINITTING	0	185	4,095,750		5.04
5.05 00514	CASHERING/ACCOUNTS RECEIVABLE	0	229	0	13,961,221	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	15,258	0	0	29,264,918 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	8,911	0	0	16,692,857 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	414,738 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	201	0	0	265,294 8.00
9.00 00900	HOUSEKEEPING	0	3,608	0	0	3,793,610 9.00
10.00 01000	DIETARY	0	20,908	0	0	3,734,986 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	2,534	0	0	6,915,920 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	17,819	0	0	3,819,166 14.00
15.00 01500	PHARMACY	0	3,535	0	0	18,289,132 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	53	0	0	3,047,986 16.00
17.00 01700	SOCIAL SERVICE	0	75	0	0	3,202,958 17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	596,673 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	405,139	15,065	483,167	1,013,501	32,942,609 30.00
31.00 03100	INTENSIVE CARE UNIT	161,444	9,133	192,538	403,871	17,242,780 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	110,026	1,050	131,217	275,243	9,616,755 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	110,711	1,762	132,034	276,957	4,486,492 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	687,953	272,662	411,341	1,720,992	21,611,263 50.00
50.01 05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	102,544	451	59,205	256,526	2,343,196 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	110,148	4,064	107,476	275,549	5,132,401 52.00
53.00 05300	ANESTHESIOLOGY	120,096	5,164	78,334	300,434	1,062,695 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,228,051	107,449	563,505	3,071,179	26,782,129 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	528,699	18,938	357,572	1,322,602	14,004,345 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	31,096	1,338	30,012	77,791	969,661 62.00
65.00 06500	RESPIRATORY THERAPY	158,940	6,020	177,238	397,606	4,504,801 65.00
66.00 06600	PHYSICAL THERAPY	44,848	362	38,478	112,192	2,796,349 66.00
67.00 06700	OCCUPATIONAL THERAPY	31,087	114	20,509	77,767	2,203,090 67.00
69.00 06900	ELECTROCARDIOLOGY	158,587	968	78,481	396,723	5,281,304 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	19,607	446	20,847	49,048	412,355 70.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	209,680	0	189,988	524,538	7,489,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	305,231	0	329,121	763,569	38,768,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,148	0	491,397	1,356,244	2,389,789	73.00
74.00	07400	RENAL DIALYSIS	14,637	161	16,438	36,616	618,519	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	24,989	332	2	62,513	2,084,650	90.01
90.02	09002	WOUND CARE CLINIC	11,432	1,745	45	28,598	713,984	90.02
91.00	09100	EMERGENCY	424,180	8,447	180,917	1,061,136	13,119,844	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	39,985	0	5,888	100,026	1,439,812	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,581,258	528,987	4,095,750	13,961,221	308,055,278	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	3,856	0	0	3,948,463	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,581,258	532,843	4,095,750	13,961,221	312,003,741	202.00
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	29,264,918					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,727,794	18,420,651				6.00
7.00	00700	OPERATION OF PLANT	42,927	682,986	1,140,651			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,459	23,748	1,527	318,028		8.00
9.00	00900	HOUSEKEEPING	392,658	99,260	6,383	49	4,291,960	9.00
10.00	01000	DIETARY	386,590	704,096	45,278	0	171,559	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	715,832	237,402	15,267	0	57,845	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	395,303	845,730	54,386	8,386	206,069	14.00
15.00	01500	PHARMACY	1,893,017	217,379	13,979	0	52,966	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	315,482	135,425	8,709	0	32,998	16.00
17.00	01700	SOCIAL SERVICE	331,522	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	61,759	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,409,725	3,276,092	210,673	115,830	798,246	30.00
31.00	03100	INTENSIVE CARE UNIT	1,784,714	1,756,766	112,972	33,054	428,051	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	995,382	851,589	54,763	8,738	207,497	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	464,374	162,278	10,436	1,381	39,540	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,236,874	3,057,239	196,601	42,690	744,922	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	242,533	249,742	16,060	0	60,852	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531,229	615,701	39,594	14,310	150,021	52.00

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
53.00	05300 ANESTHESIOLOGY	109,994	15,095	971	0	3,678	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,772,084	1,394,028	89,645	26,850	339,667	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,449,520	541,857	34,845	0	132,028	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	100,365	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	466,269	69,226	4,452	0	16,868	65.00
66.00	06600 PHYSICAL THERAPY	289,436	170,621	10,972	0	41,573	66.00
67.00	06700 OCCUPATIONAL THERAPY	228,031	178,653	11,489	0	43,530	67.00
69.00	06900 ELECTROCARDIOLOGY	546,641	394,169	25,348	7,856	96,043	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	42,681	9,197	591	0	2,241	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	775,206	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,012,786	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	247,355	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	64,020	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	215,772	0	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	73,901	94,022	6,046	0	22,909	90.02
91.00	09100 EMERGENCY	1,357,969	795,168	51,135	57,611	193,750	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	149,028	144,156	9,270	1,273	35,125	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,856,232	16,721,625	1,031,392	318,028	3,877,978	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMBURSABLE	408,686	1,699,026	109,259	0	413,982	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	29,264,918	18,420,651	1,140,651	318,028	4,291,960	202.00
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
4.00	00400 EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	00510 NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00511 DATA PROCESSING	0	0	0	0	0	5.02
5.03	00512 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00513 ADMINITTING	0	0	0	0	0	5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000 DIETARY	5,042,509	0	0	0	0	10.00
11.00	01100 CAFETERIA	2,702,457	2,702,457	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	28,232	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	112,929	761	8,055,956	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	98,813	597	0	5,428,450	14.00
15.00	01500 PHARMACY	0	98,813	2,322	0	41,449	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	402	0	624	16.00
17.00	01700 SOCIAL SERVICE	0	47,054	354	0	875	17.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	21,958	86	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,467,217	619,542	3,448	3,454,844	176,631	30.00
31.00	03100 INTENSIVE CARE UNIT	494,030	244,680	1,934	1,466,905	107,082	31.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	312,678	131,751	953	456,905	12,309	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	45,485	470	0	20,654	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	230,564	5,472	745,477	3,196,723	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	25,095	197	168,333	5,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	61,170	632	432,857	47,653	52.00
53.00	05300	ANESTHESIOLOGY	0	9,411	276	0	60,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	291,734	4,044	200,397	1,259,828	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	175,668	1,826	0	222,050	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	12,548	128	0	15,693	62.00
65.00	06500	RESPIRATORY THERAPY	0	73,718	488	0	70,586	65.00
66.00	06600	PHYSICAL THERAPY	0	40,780	280	0	4,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,106	31,369	210	0	1,336	67.00
69.00	06900	ELECTROCARDIOLOGY	0	65,875	607	240,476	11,353	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,705	45	0	5,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	81	0	1,884	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	26,664	229	0	1,701	90.01
90.02	09002	WOUND CARE CLINIC	0	7,842	92	889,762	20,459	90.02
91.00	09100	EMERGENCY	12,021	174,099	1,770	0	99,044	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	21,958	132	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,042,509	2,702,457	27,836	8,055,956	5,383,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	396	0	45,208	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,042,509	2,702,457	28,232	8,055,956	5,428,450	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/29/2013 10:16 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	20,609,057				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,541,626			16.00
17.00	01700	SOCIAL SERVICE	0	0	3,582,763		17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	680,476	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	388,819	365,452	3,143,163	0	50,372,291
31.00	03100	INTENSIVE CARE UNIT	146,228	0	67,933	0	23,887,129
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	3,943	646,541	0	0	13,299,804
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	42,031	121,817	101,338	0	5,496,296
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	282,152	216,156	0	0	32,566,133
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	37,061	3,325	0	0	3,151,682
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,715	34,480	101,338	0	7,205,101
53.00	05300	ANESTHESIOLOGY	107,207	6,301	0	0	1,376,174
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,488	137,044	0	0	33,382,938
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	636,740	0	0	17,198,879
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	1,098,395
65.00	06500	RESPIRATORY THERAPY	2,134	11,727	0	0	5,220,269
66.00	06600	PHYSICAL THERAPY	0	83,137	0	0	3,437,387
67.00	06700	OCCUPATIONAL THERAPY	0	2,800	0	0	2,754,614
69.00	06900	ELECTROCARDIOLOGY	30,645	284,590	0	0	6,984,907
70.00	07000	ELECTROENCEPHALOGRAPHY	0	875	0	0	477,925
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,070	0	0	0	8,284,831
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	42,781,448
73.00	07300	DRUGS CHARGED TO PATIENTS	18,867,827	168,549	0	0	21,673,520
74.00	07400	RENAL DIALYSIS	1,717	3,500	0	0	689,721
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	0	0	0	2,329,016
90.02	09002	WOUND CARE CLINIC	265	0	33,686	0	1,862,968
91.00	09100	EMERGENCY	543,364	818,592	135,305	680,476	18,040,148
91.01	09101	DAY HOSPITAL	0	0	0	0	0
91.02	09102	PAIN CLINIC	0	0	0	0	1,800,754
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 10:16 am
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,602,666	3,541,626	3,582,763	680,476	305,372,330
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	6,391	0	0	0	6,631,411
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,609,057	3,541,626	3,582,763	680,476	312,003,741
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total				
		25.00	26.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	50,372,291			30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,887,129			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	13,299,804			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	5,496,296			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	32,566,133			50.00
50.01	05001	OPERATING ROOM	0	0			50.01
51.00	05100	RECOVERY ROOM	0	3,151,682			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,205,101			52.00
53.00	05300	ANESTHESIOLOGY	0	1,376,174			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,382,938			54.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	17,198,879			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098,395			62.00
65.00	06500	RESPIRATORY THERAPY	0	5,220,269			65.00
66.00	06600	PHYSICAL THERAPY	0	3,437,387			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,754,614			67.00
69.00	06900	ELECTROCARDIOLOGY	0	6,984,907			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	477,925			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,284,831			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	42,781,448			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,673,520			73.00
74.00	07400	RENAL DIALYSIS	0	689,721			74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0			76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	2,329,016	90.01
90.02	09002	WOUND CARE CLINIC	0	1,862,968	90.02
91.00	09100	EMERGENCY	0	18,040,148	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	1,800,754	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	305,372,330	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	6,631,411	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	312,003,741	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 10:16 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	635	26,056	22,150	48,841	48,841 4.00
5.01 00510	NONPATIENT TELEPHONES	0	26,374	22,420	48,794	149 5.01
5.02 00511	DATA PROCESSING	0	24,746	21,036	45,782	0 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	442	12,195	10,367	23,004	0 5.03
5.04 00513	ADMITTING	90,577	25,255	21,469	137,301	1,105 5.04
5.05 00514	CASHERING/ACCOUNTS RECEIVABLE	113,743	11,470	9,751	134,964	1,017 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	2,251,559	468,338	398,119	3,118,016	3,799 5.06
6.00 00600	MAINTENANCE & REPAIRS	44,396	3,032,045	2,577,440	5,653,881	680 6.00
7.00 00700	OPERATION OF PLANT	0	223,824	190,266	414,090	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,783	6,616	14,399	0 8.00
9.00 00900	HOUSEKEEPING	0	32,529	27,652	60,181	792 9.00
10.00 01000	DIETARY	1,001	230,742	196,146	427,889	903 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	453	77,800	66,135	144,388	1,795 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	138,350	277,157	235,602	651,109	785 14.00
15.00 01500	PHARMACY	4,976	71,238	60,557	136,771	2,016 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	28,791	44,381	37,727	110,899	0 16.00
17.00 01700	SOCIAL SERVICE	868	0	0	868	853 17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	119,691	0	0	119,691	161 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	28,889	1,073,621	912,650	2,015,160	8,290 30.00
31.00 03100	INTENSIVE CARE UNIT	0	575,717	489,398	1,065,115	4,031 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	205	279,078	237,235	516,518	2,424 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	658	53,181	45,207	99,046	1,076 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,766	1,001,899	851,682	1,895,347	4,009 50.00
50.01 05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	28	81,844	69,573	151,445	508 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	98,988	201,774	171,521	472,283	1,166 52.00
53.00 05300	ANESTHESIOLOGY	95,402	4,947	4,205	104,554	101 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,498,705	456,842	388,347	2,343,894	5,284 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	177,574	150,950	328,524	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	6,321	22,686	19,285	48,292	1,059 65.00
66.00 06600	PHYSICAL THERAPY	0	55,915	47,531	103,446	714 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,919	58,547	49,769	110,235	565 67.00
69.00 06900	ELECTROCARDIOLOGY	836	129,175	109,807	239,818	1,082 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,014	2,562	5,576	65 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	13 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	SPORTS MEDICINE	337,096	0	0	337,096	466 90.01
90.02 09002	WOUND CARE CLINIC	128,110	30,812	26,192	185,114	139 90.02
91.00 09100	EMERGENCY	267,213	260,588	221,517	749,318	2,850 91.00
91.01 09101	DAY HOSPITAL	0	0	0	0	0 91.01
91.02 09102	PAIN CLINIC	0	47,242	40,159	87,401	321 91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,301,618	9,106,389	7,741,043	22,149,050	48,218 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	OTHER NONREIMBURSABLE	262,191	556,794	473,313	1,292,298	623 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	5,563,809	9,663,183	8,214,356	23,441,348	48,841 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 10:16 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	48,943					5.01
5.02	00511	DATA PROCESSING	1,192	46,974				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	15	0	23,019			5.03
5.04	00513	ADMINITTING	641	0	8	139,055		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	209	0	10	0	136,200	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,304	0	659	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,369	0	385	0	0	6.00
7.00	00700	OPERATION OF PLANT	45	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45	0	9	0	0	8.00
9.00	00900	HOUSEKEEPING	402	0	156	0	0	9.00
10.00	01000	DIETARY	730	0	902	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	909	0	109	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,013	0	769	0	0	14.00
15.00	01500	PHARMACY	1,088	0	153	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	45	0	2	0	0	16.00
17.00	01700	SOCIAL SERVICE	462	0	3	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	45	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,235	3,400	650	16,390	9,852	30.00
31.00	03100	INTENSIVE CARE UNIT	3,978	1,355	394	6,531	3,926	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,847	923	45	4,451	2,675	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	521	929	76	4,479	2,692	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,246	5,774	11,790	13,954	16,729	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	492	861	19	2,008	2,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,237	924	175	3,646	2,678	52.00
53.00	05300	ANESTHESIOLOGY	119	1,008	223	2,657	2,920	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,902	10,438	4,638	19,232	30,344	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,437	817	12,130	12,856	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	261	58	1,018	756	62.00
65.00	06500	RESPIRATORY THERAPY	462	1,334	260	6,012	3,865	65.00
66.00	06600	PHYSICAL THERAPY	581	376	16	1,305	1,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	253	261	5	696	756	67.00
69.00	06900	ELECTROCARDIOLOGY	1,296	1,331	42	2,662	3,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60	165	19	707	477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,760	0	6,445	5,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,562	0	11,165	7,422	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,550	0	16,670	13,183	73.00
74.00	07400	RENAL DIALYSIS	60	123	7	558	356	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	45	210	14	0	608	90.01
90.02	09002	WOUND CARE CLINIC	0	96	75	2	278	90.02
91.00	09100	EMERGENCY	2,995	3,560	365	6,137	10,315	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	402	336	0	200	972	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2012
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	47,245	46,974	22,853	139,055	136,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,698	0	166	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	48,943	46,974	23,019	139,055	136,200	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 10:16 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,127,778				5.06
6.00	00600	MAINTENANCE & REPAIRS	184,656	5,841,971			6.00
7.00	00700	OPERATION OF PLANT	4,588	216,604	635,327		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,935	7,531	851	25,770	8.00
9.00	00900	HOUSEKEEPING	41,965	31,480	3,555	4	138,535
10.00	01000	DIETARY	41,316	223,299	25,219	0	5,538
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	76,504	75,290	8,503	0	1,867
14.00	01400	CENTRAL SERVICES & SUPPLY	42,248	268,217	30,292	680	6,651
15.00	01500	PHARMACY	202,314	68,940	7,786	0	1,710
16.00	01600	MEDICAL RECORDS & LIBRARY	33,717	42,949	4,851	0	1,065
17.00	01700	SOCIAL SERVICE	35,431	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	6,600	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	364,411	1,038,988	117,345	9,386	25,766
31.00	03100	INTENSIVE CARE UNIT	190,740	557,145	62,924	2,678	13,817
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	106,381	270,075	30,502	708	6,698
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	49,630	51,465	5,812	112	1,276
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	239,064	969,580	109,504	3,459	24,044
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	25,920	79,204	8,945	0	1,964
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,775	195,265	22,053	1,159	4,842
53.00	05300	ANESTHESIOLOGY	11,756	4,787	541	0	119
54.00	05400	RADIOLOGY-DIAGNOSTIC	296,264	442,106	49,931	2,176	10,964
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	154,916	171,846	19,408	0	4,262
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,726	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	49,832	21,955	2,480	0	544
66.00	06600	PHYSICAL THERAPY	30,933	54,111	6,111	0	1,342
67.00	06700	OCCUPATIONAL THERAPY	24,371	56,658	6,399	0	1,405
69.00	06900	ELECTROCARDIOLOGY	58,422	125,008	14,118	637	3,100
70.00	07000	ELECTROENCEPHALOGRAPHY	4,561	2,917	329	0	72
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	82,849	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	428,980	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	26,436	0	0	0	0
74.00	07400	RENAL DIALYSIS	6,842	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	23,060	0	0	0	0
90.02	09002	WOUND CARE CLINIC	7,898	29,818	3,368	0	739
91.00	09100	EMERGENCY	145,132	252,182	28,481	4,668	6,254
91.01	09101	DAY HOSPITAL	0	0	0	0	0
91.02	09102	PAIN CLINIC	15,927	45,718	5,163	103	1,134
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,084,100	5,303,138	574,471	25,770	125,173
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	OTHER NONREIMBURSABLE	43,678	538,833	60,856	0	13,362
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,127,778	5,841,971	635,327	25,770	138,535

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 10:16 am			
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	725,796				10.00
11.00	01100	CAFETERIA	388,980	388,980			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	4,064	4,064		12.00
13.00	01300	NURSING ADMINISTRATION	0	16,255	108	325,728	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,223	85	0	1,016,072
15.00	01500	PHARMACY	0	14,223	329	0	7,758
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	57	0	117
17.00	01700	SOCIAL SERVICE	0	6,773	50	0	164
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,161	12	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	211,185	89,170	489	139,690	33,061
31.00	03100	INTENSIVE CARE UNIT	71,108	35,218	274	59,312	20,043
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	45,005	18,964	135	18,474	2,304
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	6,547	67	0	3,866
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	33,186	838	30,142	598,349
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	3,612	28	6,806	990
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,805	90	17,502	8,919
53.00	05300	ANESTHESIOLOGY	0	1,355	39	0	11,333
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,991	573	8,103	235,808
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	25,285	259	0	41,562
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,806	18	0	2,937
65.00	06500	RESPIRATORY THERAPY	0	10,611	69	0	13,212
66.00	06600	PHYSICAL THERAPY	0	5,870	40	0	793
67.00	06700	OCCUPATIONAL THERAPY	7,788	4,515	30	0	250
69.00	06900	ELECTROCARDIOLOGY	0	9,482	86	9,723	2,125
70.00	07000	ELECTROENCEPHALOGRAPHY	0	677	6	0	980
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	11	0	353
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	3,838	32	0	318
90.02	09002	WOUND CARE CLINIC	0	1,129	13	35,976	3,829
91.00	09100	EMERGENCY	1,730	25,059	251	0	18,539
91.01	09101	DAY HOSPITAL	0	0	0	0	0
91.02	09102	PAIN CLINIC	0	3,161	19	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	725,796	388,980	4,008	325,728	1,007,610
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	56	0	8,462
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	725,796	388,980	4,064	325,728	1,016,072

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 10:16 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	443,088				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	193,702			16.00
17.00	01700	SOCIAL SERVICE	0	0	44,604		17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	129,670	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,360	19,988	39,131		4,159,947 30.00
31.00	03100	INTENSIVE CARE UNIT	3,144	0	846		2,102,579 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0 34.00
40.00	04000	SUBPROVIDER - I/PF	85	35,361	0		1,063,575 40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0		0 41.00
42.00	04200	SUBPROVIDER	0	0	0		0 42.00
43.00	04300	NURSERY	904	6,663	1,262		236,423 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,066	11,822	0		3,977,903 50.00
50.01	05001	OPERATING ROOM	0	0	0		0 50.01
51.00	05100	RECOVERY ROOM	797	182	0		286,275 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	940	1,886	1,262		801,607 52.00
53.00	05300	ANESTHESIOLOGY	2,305	345	0		144,162 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,838	7,495	0		3,515,981 54.00
57.00	05700	CT SCAN	0	0	0		0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		0 59.00
60.00	06000	LABORATORY	0	34,825	0		811,127 60.00
60.01	06001	BLOOD LABORATORY	0	0	0		0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		17,580 62.00
65.00	06500	RESPIRATORY THERAPY	46	641	0		160,674 65.00
66.00	06600	PHYSICAL THERAPY	0	4,547	0		211,276 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	153	0		214,340 67.00
69.00	06900	ELECTROCARDIOLOGY	659	15,565	0		489,012 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48	0		16,659 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	432	0	0		96,585 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		450,129 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	405,650	9,218	0		475,707 73.00
74.00	07400	RENAL DIALYSIS	37	191	0		8,551 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0 89.00
90.00	09000	CLINIC	0	0	0		0 90.00
90.01	09001	SPORTS MEDICINE	0	0	0		365,687 90.01
90.02	09002	WOUND CARE CLINIC	6	0	419		268,899 90.02
91.00	09100	EMERGENCY	11,682	44,772	1,684		1,315,974 91.00
91.01	09101	DAY HOSPITAL	0	0	0		0 91.01
91.02	09102	PAIN CLINIC	0	0	0		160,857 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0 111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	442,951	193,702	44,604	0	21,351,509	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
190.01	19001	OTHER NONREIMBURSABLE	137	0	0		1,960,169	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
200.00		Cross Foot Adjustments				129,670	129,670	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	443,088	193,702	44,604	129,670	23,441,348	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 10:16 am
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,159,947	31.00
32.00	03200	CORONARY CARE UNIT	2,102,579	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,063,575	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	236,423	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	OPERATING ROOM	3,977,903	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,275	52.00
53.00	05300	ANESTHESIOLOGY	801,607	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	144,162	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,515,981	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	811,127	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	17,580	65.00
66.00	06600	PHYSICAL THERAPY	160,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	211,276	67.00
69.00	06900	ELECTROCARDIOLOGY	214,340	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	489,012	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,659	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	96,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	450,129	73.00
74.00	07400	RENAL DIALYSIS	475,707	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	8,551	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	SPORTS MEDICINE	0	90.01
90.02	09002	WOUND CARE CLINIC	365,687	90.02
91.00	09100	EMERGENCY	268,899	91.00
91.01	09101	DAY HOSPITAL	1,315,974	91.01
91.02	09102	PAIN CLINIC	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	160,857	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2012
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,351,509	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	1,960,169	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		Cross Foot Adjustments	0	129,670	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	23,441,348	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
		NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	759,890				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		759,890			2.00
4.00	00400	EMPLOYEE BENEFITS	2,049	2,049	124,457,369		4.00
5.01	00510	NONPATIENT TELEPHONES	2,074	2,074	380,552	3,285	5.01
5.02	00511	DATA PROCESSING	1,946	1,946	0	80	1,200,959,774
5.03	00512	PURCHASING RECEIVING AND STORES	959	959	0	1	0
5.04	00513	ADMITTING	1,986	1,986	2,820,047	43	0
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	902	902	2,595,429	14	0
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	36,829	36,829	9,691,247	356	0
6.00	00600	MAINTENANCE & REPAIRS	238,433	238,433	1,735,042	159	0
7.00	00700	OPERATION OF PLANT	17,601	17,601	0	3	0
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	0	3	0
9.00	00900	HOUSEKEEPING	2,558	2,558	2,020,810	27	0
10.00	01000	DIETARY	18,145	18,145	2,303,069	49	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,118	6,118	4,579,820	61	0
14.00	01400	CENTRAL SERVICES & SUPPLY	21,795	21,795	2,003,628	68	0
15.00	01500	PHARMACY	5,602	5,602	5,143,671	73	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,490	3,490	0	3	0
17.00	01700	SOCIAL SERVICE	0	0	2,176,850	31	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	411,205	3	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,427	84,427	21,003,177	620	87,182,844
31.00	03100	INTENSIVE CARE UNIT	45,273	45,273	10,284,422	267	34,741,558
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	21,946	21,946	6,183,156	124	23,676,842
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,182	4,182	2,743,892	35	23,824,226
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	78,787	78,787	10,225,856	285	148,042,309
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	6,436	6,436	1,296,745	33	22,066,714
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,867	15,867	2,975,545	83	23,703,104
53.00	05300	ANESTHESIOLOGY	389	389	257,539	8	25,843,771
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,925	35,925	13,479,278	329	264,182,130
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,964	13,964	0	0	113,772,195
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	6,691,685
65.00	06500	RESPIRATORY THERAPY	1,784	1,784	2,700,298	31	34,202,694
66.00	06600	PHYSICAL THERAPY	4,397	4,397	1,820,386	39	9,650,939
67.00	06700	OCCUPATIONAL THERAPY	4,604	4,604	1,442,021	17	6,689,629
69.00	06900	ELECTROCARDIOLOGY	10,158	10,158	2,761,444	87	34,126,675
70.00	07000	ELECTROENCEPHALOGRAPHY	237	237	165,442	4	4,219,207
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	45,121,547
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	65,683,379
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	116,666,181
74.00	07400	RENAL DIALYSIS	0	0	32,677	4	3,149,788
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SPORTS MEDICINE	0	0	1,188,820	3	5,377,428
90.02	09002	WOUND CARE CLINIC	2,423	2,423	355,541	0	2,460,037
91.00	09100	EMERGENCY	20,492	20,492	7,271,235	201	91,280,498
91.01	09101	DAY HOSPITAL	0	0	0	0	0
91.02	09102	PAIN CLINIC	3,715	3,715	819,653	27	8,604,394
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
		NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
		1.00	2.00				
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	716,105	716,105	122,868,497	3,171	1,200,959,774
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	43,785	43,785	1,588,872	114	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,663,183	8,214,356	34,290,058	709,705	5,581,258
203.00		Unit cost multiplier (Wkst. B, Part I)	12.716555	10.809928	0.275516	216.044140	0.004647
204.00		Cost to be allocated (per Wkst. B, Part II)			48,841	48,943	46,974
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000392	14.898935	0.000039

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512	50,653,509					5.03
5.04	00513	17,609	739,017,448				5.04
5.05	00514	21,771	0	1,200,959,774			5.05
5.06	00560	1,450,557	0	0	-29,264,918	282,738,823	5.06
6.00	00600	847,154	0	0	0	16,692,857	6.00
7.00	00700	0	0	0	0	414,738	7.00
8.00	00800	19,075	0	0	0	265,294	8.00
9.00	00900	342,993	0	0	0	3,793,610	9.00
10.00	01000	1,987,641	0	0	0	3,734,986	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	240,920	0	0	0	6,915,920	13.00
14.00	01400	1,693,971	0	0	0	3,819,166	14.00
15.00	01500	336,068	0	0	0	18,289,132	15.00
16.00	01600	5,062	0	0	0	3,047,986	16.00
17.00	01700	7,092	0	0	0	3,202,958	17.00
23.00	02300	0	0	0	0	596,673	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,432,135	87,182,844	87,182,844	0	32,942,609	30.00
31.00	03100	868,228	34,741,558	34,741,558	0	17,242,780	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	99,802	23,676,842	23,676,842	0	9,616,755	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	167,468	23,824,226	23,824,226	0	4,486,492	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,919,094	74,222,519	148,042,309	0	21,611,263	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	42,878	10,682,946	22,066,714	0	2,343,196	51.00
52.00	05200	386,373	19,392,921	23,703,104	0	5,132,401	52.00
53.00	05300	490,913	14,134,669	25,843,771	0	1,062,695	53.00
54.00	05400	10,214,766	101,658,531	264,182,130	0	26,782,129	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,800,392	64,520,313	113,772,195	0	14,004,345	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	127,237	5,415,291	6,691,685	0	969,661	62.00
65.00	06500	572,315	31,980,953	34,202,694	0	4,504,801	65.00
66.00	06600	34,370	6,942,941	9,650,939	0	2,796,349	66.00
67.00	06700	10,830	3,700,614	6,689,629	0	2,203,090	67.00
69.00	06900	92,054	14,161,055	34,126,675	0	5,281,304	69.00
70.00	07000	42,447	3,761,708	4,219,207	0	412,355	70.00
71.00	07100	0	34,281,473	45,121,547	0	7,489,555	71.00
72.00	07200	0	59,386,650	65,683,379	0	38,768,662	72.00
73.00	07300	0	88,667,777	116,666,181	0	2,389,789	73.00
74.00	07400	15,276	2,966,108	3,149,788	0	618,519	74.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	31,532	303	5,377,428	0	2,084,650	90.01
90.02	09002	165,881	8,038	2,460,037	0	713,984	90.02
91.00	09100	803,059	32,644,703	91,280,498	0	13,119,844	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	1,062,465	8,604,394	0	1,439,812	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINISTRATIVE (I/P REVENUE)	CASHING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,286,963	739,017,448	1,200,959,774	-29,264,918	278,790,360	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	366,546	0	0	0	3,948,463	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	532,843	4,095,750	13,961,221		29,264,918	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.010519	0.005542	0.011625		0.103505	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	23,019	139,055	136,200		3,127,778	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000454	0.000188	0.000113		0.011062	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET 2)	OPERATION OF PLANT (SQARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600	474,712					6.00
7.00	00700	17,601	457,111				7.00
8.00	00800	612	612	1,800,415			8.00
9.00	00900	2,558	2,558	275	453,941		9.00
10.00	01000	18,145	18,145	0	18,145	488,257	10.00
11.00	01100	0	0	0	0	261,674	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,118	6,118	0	6,118	0	13.00
14.00	01400	21,795	21,795	47,477	21,795	0	14.00
15.00	01500	5,602	5,602	0	5,602	0	15.00
16.00	01600	3,490	3,490	0	3,490	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	84,427	84,427	655,730	84,427	142,068	30.00
31.00	03100	45,273	45,273	187,127	45,273	47,836	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	21,946	21,946	49,466	21,946	30,276	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4,182	4,182	7,819	4,182	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	78,787	78,787	241,679	78,787	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	6,436	6,436	0	6,436	0	51.00
52.00	05200	15,867	15,867	81,010	15,867	0	52.00
53.00	05300	389	389	0	389	0	53.00
54.00	05400	35,925	35,925	152,006	35,925	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	13,964	13,964	0	13,964	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	1,784	1,784	0	1,784	0	65.00
66.00	06600	4,397	4,397	0	4,397	0	66.00
67.00	06700	4,604	4,604	0	4,604	5,239	67.00
69.00	06900	10,158	10,158	44,472	10,158	0	69.00
70.00	07000	237	237	0	237	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	2,423	2,423	0	2,423	0	90.02
91.00	09100	20,492	20,492	326,148	20,492	1,164	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	3,715	3,715	7,206	3,715	0	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		430,927	413,326	1,800,415	410,156	488,257	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	43,785	43,785	0	43,785	0	190.01
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00
202.00		18,420,651	1,140,651	318,028	4,291,960	5,042,509	202.00
203.00		38.803845	2.495348	0.176641	9.454885	10.327571	203.00
204.00		5,841,971	635,327	25,770	138,535	725,796	204.00
205.00		12.306348	1.389875	0.014313	0.305183	1.486504	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,723					11.00
12.00	01200	18	211,155,584				12.00
13.00	01300	72	5,679,018	1,005			13.00
14.00	01400	63	4,452,690	0	44,014,081		14.00
15.00	01500	63	17,330,776	0	336,068	12,132,191	15.00
16.00	01600	0	3,000,662	0	5,062	0	16.00
17.00	01700	30	2,641,903	0	7,092	0	17.00
23.00	02300	14	639,327	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	395	25,730,762	431	1,432,135	228,891	30.00
31.00	03100	156	14,435,330	183	868,228	86,082	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	84	7,112,011	57	99,802	2,321	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	29	3,510,400	0	167,468	24,743	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	147	41,298,429	93	25,919,094	166,098	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	16	1,469,120	21	42,878	21,817	51.00
52.00	05200	39	4,717,462	54	386,373	25,734	52.00
53.00	05300	6	2,056,677	0	490,913	63,111	53.00
54.00	05400	186	30,177,931	25	10,214,766	50,325	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	112	13,629,497	0	1,800,392	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	8	958,661	0	127,237	0	62.00
65.00	06500	47	3,641,336	0	572,315	1,256	65.00
66.00	06600	26	2,089,142	0	34,370	0	66.00
67.00	06700	20	1,568,547	0	10,830	0	67.00
69.00	06900	42	4,529,776	30	92,054	18,040	69.00
70.00	07000	3	336,689	0	42,447	0	70.00
71.00	07100	0	0	0	0	11,815	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	11,107,160	73.00
74.00	07400	0	603,033	0	15,276	1,011	74.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	17	1,710,249	0	13,795	0	90.01
90.02	09002	5	684,075	111	165,881	156	90.02
91.00	09100	111	13,211,704	0	803,059	319,869	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	14	985,307	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		1,723	208,200,514	1,005	43,647,535	12,128,429	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	2,955,070	0	366,546	3,762	190.01
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00
202.00		2,702,457	28,232	8,055,956	5,428,450	20,609,057	202.00
203.00		1,568.460244	0.000134	8,015.876617	0.123334	1.698709	203.00
204.00		388,980	4,064	325,728	1,016,072	443,088	204.00
205.00		225.757400	0.000019	324.107463	0.023085	0.036522	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED PRGM (ASSIGNED TIME)	
		16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS				4.00
5.01	00510 NONPATIENT TELEPHONES				5.01
5.02	00511 DATA PROCESSING				5.02
5.03	00512 PURCHASING RECEIVING AND STORES				5.03
5.04	00513 ADMITTING				5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
12.00	01200 MAINTENANCE OF PERSONNEL				12.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	20,235			16.00
17.00	01700 SOCIAL SERVICE	0	12,763		17.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0	19,488	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	242	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	3,694	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	696	361	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,235	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300 ANESTHESIOLOGY	36	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	3,638	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600 PHYSICAL THERAPY	475	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	963	0	0	73.00
74.00	07400 RENAL DIALYSIS	20	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	120	0	90.02
91.00	09100 EMERGENCY	4,677	482	19,488	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED PRGM (ASSIGNED TIME)		
		16.00	17.00	23.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,235	12,763	19,488	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,541,626	3,582,763	680,476	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	175.024759	280.714801	34.917693	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	193,702	44,604	129,670	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.572622	3.494790	6.653838	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 10:16 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,372,291		50,372,291	0	50,372,291	87,182,844	30.00
31.00	03100	INTENSIVE CARE UNIT	23,887,129		23,887,129	615,037	24,502,166	34,741,558	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	13,299,804		13,299,804	149,390	13,449,194	23,676,842	40.00
41.00	04100	SUBPROVIDER - I/PF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	5,496,296		5,496,296	0	5,496,296	23,824,226	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	32,566,133		32,566,133	0	32,566,133	74,222,519	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,151,682		3,151,682	24,875	3,176,557	10,682,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,205,101		7,205,101	831,313	8,036,414	19,841,639	52.00
53.00	05300	ANESTHESIOLOGY	1,376,174		1,376,174	1,102,473	2,478,647	14,134,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,382,938		33,382,938	194,155	33,577,093	101,658,531	54.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	17,198,879		17,198,879	0	17,198,879	64,520,313	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098,395		1,098,395	0	1,098,395	5,415,291	62.00
65.00	06500	RESPIRATORY THERAPY	5,220,269	0	5,220,269	0	5,220,269	31,980,953	65.00
66.00	06600	PHYSICAL THERAPY	3,437,387	0	3,437,387	51,850	3,489,237	6,942,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,754,614	0	2,754,614	0	2,754,614	3,700,614	67.00
69.00	06900	ELECTROCARDIOLOGY	6,984,907		6,984,907	0	6,984,907	14,161,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	477,925		477,925	0	477,925	3,761,708	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,284,831		8,284,831	0	8,284,831	34,281,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,781,448		42,781,448	0	42,781,448	59,386,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,673,520		21,673,520	0	21,673,520	88,667,777	73.00
74.00	07400	RENAL DIALYSIS	689,721		689,721	0	689,721	3,149,788	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	2,329,016		2,329,016	0	2,329,016	303	90.01
90.02	09002	WOUND CARE CLINIC	1,862,968		1,862,968	0	1,862,968	8,038	90.02
91.00	09100	EMERGENCY	18,040,148		18,040,148	3,006,819	21,046,967	32,644,703	91.00
91.01	09101	DAY HOSPITAL	0		0	0	0	0	91.01
91.02	09102	PAIN CLINIC	1,800,754		1,800,754	0	1,800,754	220,204	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	478,330		478,330	0	478,330	1,062,465	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00		Subtotal (see instructions)	305,850,660	0	305,850,660	5,975,912	311,826,572	739,870,050	200.00
201.00		Less Observation Beds	478,330		478,330	0	478,330	0	201.00
202.00		Total (see instructions)	305,372,330	0	305,372,330	5,975,912	311,348,242	739,870,050	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		87,182,844				30.00
31.00	03100	INTENSIVE CARE UNIT		34,741,558				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - I PF		23,676,842				40.00
41.00	04100	SUBPROVIDER - I RF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		23,824,226				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,819,790	148,042,309	0.219979	0.000000	0.219979	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	11,383,768	22,066,714	0.142825	0.000000	0.143952	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,861,465	23,703,104	0.303973	0.000000	0.339045	52.00
53.00	05300	ANESTHESIOLOGY	11,709,102	25,843,771	0.053250	0.000000	0.095909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,523,599	264,182,130	0.126363	0.000000	0.127098	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	49,251,882	113,772,195	0.151169	0.000000	0.151169	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,204,394	6,619,685	0.165929	0.000000	0.165929	62.00
65.00	06500	RESPIRATORY THERAPY	2,221,741	34,202,694	0.152627	0.000000	0.152627	65.00
66.00	06600	PHYSICAL THERAPY	2,707,998	9,650,939	0.356171	0.000000	0.361544	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,989,015	6,689,629	0.411774	0.000000	0.411774	67.00
69.00	06900	ELECTROCARDIOLOGY	19,965,620	34,126,675	0.204676	0.000000	0.204676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	457,499	4,219,207	0.113274	0.000000	0.113274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,840,074	45,121,547	0.183611	0.000000	0.183611	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,296,729	75,683,379	0.565269	0.000000	0.565269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,998,404	116,666,181	0.185774	0.000000	0.185774	73.00
74.00	07400	RENAL DIALYSIS	0	3,149,788	0.218974	0.000000	0.218974	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.01	09001	SPORTS MEDICINE	5,377,125	5,377,428	0.433110	0.000000	0.433110	90.01
90.02	09002	WOUND CARE CLINIC	2,451,999	2,460,037	0.757293	0.000000	0.757293	90.02
91.00	09100	EMERGENCY	58,635,795	91,280,498	0.197634	0.000000	0.230575	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0.000000	0.000000	91.01
91.02	09102	PAIN CLINIC	4,007,673	4,227,877	0.425924	0.000000	0.425924	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,541,929	8,604,394	0.055591	0.000000	0.055591	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	475,245,601	1,215,115,651				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	475,245,601	1,215,115,651				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 10:16 am

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,372,291		50,372,291	0	0	87,182,844	30.00
31.00	03100	INTENSIVE CARE UNIT	23,887,129		23,887,129	0	0	34,741,558	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	13,299,804		13,299,804	0	0	23,676,842	40.00
41.00	04100	SUBPROVIDER - I/PF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	5,496,296		5,496,296	0	0	23,824,226	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	32,566,133		32,566,133	0	0	74,222,519	50.00
50.01	05001	OPERATING ROOM	0		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,151,682		3,151,682	0	0	10,682,946	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,205,101		7,205,101	0	0	19,841,639	52.00
53.00	05300	ANESTHESIOLOGY	1,376,174		1,376,174	0	0	14,134,669	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,382,938		33,382,938	0	0	101,658,531	54.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	17,198,879		17,198,879	0	0	64,520,313	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098,395		1,098,395	0	0	5,415,291	62.00
65.00	06500	RESPIRATORY THERAPY	5,220,269	0	5,220,269	0	0	31,980,953	65.00
66.00	06600	PHYSICAL THERAPY	3,437,387	0	3,437,387	0	0	6,942,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,754,614	0	2,754,614	0	0	3,700,614	67.00
69.00	06900	ELECTROCARDIOLOGY	6,984,907		6,984,907	0	0	14,161,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	477,925		477,925	0	0	3,761,708	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,284,831		8,284,831	0	0	34,281,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,781,448		42,781,448	0	0	59,386,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,673,520		21,673,520	0	0	88,667,777	73.00
74.00	07400	RENAL DIALYSIS	689,721		689,721	0	0	3,149,788	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	2,329,016		2,329,016	0	0	303	90.01
90.02	09002	WOUND CARE CLINIC	1,862,968		1,862,968	0	0	8,038	90.02
91.00	09100	EMERGENCY	18,040,148		18,040,148	0	0	32,644,703	91.00
91.01	09101	DAY HOSPITAL	0		0	0	0	0	91.01
91.02	09102	PAIN CLINIC	1,800,754		1,800,754	0	0	220,204	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	478,330		478,330	0	0	1,062,465	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	305,850,660	0	305,850,660	0	0	739,870,050	200.00
201.00		Less Observation Beds	478,330		478,330		0		201.00
202.00		Total (see instructions)	305,372,330	0	305,372,330	0	0	739,870,050	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		87,182,844				30.00
31.00	03100	INTENSIVE CARE UNIT		34,741,558				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - I PF		23,676,842				40.00
41.00	04100	SUBPROVIDER - I RF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		23,824,226				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,819,790	148,042,309	0.219979	0.000000	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	11,383,768	22,066,714	0.142825	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,861,465	23,703,104	0.303973	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,709,102	25,843,771	0.053250	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,523,599	264,182,130	0.126363	0.000000	0.000000	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	49,251,882	113,772,195	0.151169	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,204,394	6,619,685	0.165929	0.000000	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	2,221,741	34,202,694	0.152627	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,707,998	9,650,939	0.356171	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,989,015	6,689,629	0.411774	0.000000	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	19,965,620	34,126,675	0.204676	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	457,499	4,219,207	0.113274	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,840,074	45,121,547	0.183611	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,296,729	75,683,379	0.565269	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,998,404	116,666,181	0.185774	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	3,149,788	0.218974	0.000000	0.000000	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.01	09001	SPORTS MEDICINE	5,377,125	5,377,428	0.433110	0.000000	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	2,451,999	2,460,037	0.757293	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	58,635,795	91,280,498	0.197634	0.000000	0.000000	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0.000000	0.000000	91.01
91.02	09102	PAIN CLINIC	4,007,673	4,227,877	0.425924	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,541,929	8,604,394	0.055591	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	475,245,601	1,215,115,651				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	475,245,601	1,215,115,651				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,159,947	0	4,159,947	47,810	87.01	30.00
31.00	INTENSIVE CARE UNIT	2,102,579		2,102,579	12,930	162.61	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,063,575	0	1,063,575	10,092	105.39	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	236,423		236,423	3,977	59.45	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	7,562,524		7,562,524	74,809		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	22,472	1,955,289				
31.00	INTENSIVE CARE UNIT	8,244	1,340,557				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	5,380	566,998				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	36,096	3,862,844				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/29/2013 10:16 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,977,903	148,042,309	0.026870	29,186,813	784,250	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	286,275	22,066,714	0.012973	4,138,431	53,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	801,607	23,703,104	0.033819	53,724	1,817	52.00
53.00	05300	ANESTHESIOLOGY	144,162	25,843,771	0.005578	4,960,546	27,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,515,981	264,182,130	0.013309	58,877,980	783,607	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	811,127	113,772,195	0.007129	32,997,354	235,238	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,580	6,619,685	0.002656	2,839,642	7,542	62.00
65.00	06500	RESPIRATORY THERAPY	160,674	34,202,694	0.004698	16,095,890	75,618	65.00
66.00	06600	PHYSICAL THERAPY	211,276	9,650,939	0.021892	4,233,218	92,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	214,340	6,689,629	0.032041	1,839,495	58,939	67.00
69.00	06900	ELECTROCARDIOLOGY	489,012	34,126,675	0.014329	8,179,294	117,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,659	4,219,207	0.003948	947,450	3,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,585	45,121,547	0.002141	16,052,768	34,369	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	450,129	75,683,379	0.005948	26,139,868	155,480	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	475,707	116,666,181	0.004078	40,393,447	164,724	73.00
74.00	07400	RENAL DIALYSIS	8,551	3,149,788	0.002715	2,192,522	5,953	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	365,687	5,377,428	0.068004	0	0	90.01
90.02	09002	WOUND CARE CLINIC	268,899	2,460,037	0.109307	7,393	808	90.02
91.00	09100	EMERGENCY	1,315,974	91,280,498	0.014417	15,738,623	226,904	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	160,857	4,227,877	0.038047	121,954	4,640	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	39,502	8,604,394	0.004591	757,482	3,478	92.00
200.00		Total (lines 50-199)	13,828,487	1,045,690,181		265,753,894	2,838,341	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/29/2013 10:16 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,810	0.00	22,472	0		30.00
31.00	03100	INTENSIVE CARE UNIT	12,930	0.00	8,244	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	10,092	0.00	5,380	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	3,977	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	74,809		36,096	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 10:16 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	0 90.02
91.00	09100	EMERGENCY	0	0	680,476	0	680,476 91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0 91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	0	680,476	0	680,476 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	148,042,309	0.000000	0.000000	29,186,813	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	22,066,714	0.000000	0.000000	4,138,431	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,703,104	0.000000	0.000000	53,724	52.00
53.00	05300	ANESTHESIOLOGY	0	25,843,771	0.000000	0.000000	4,960,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	264,182,130	0.000000	0.000000	58,877,980	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	113,772,195	0.000000	0.000000	32,997,354	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,619,685	0.000000	0.000000	2,839,642	62.00
65.00	06500	RESPIRATORY THERAPY	0	34,202,694	0.000000	0.000000	16,095,890	65.00
66.00	06600	PHYSICAL THERAPY	0	9,650,939	0.000000	0.000000	4,233,218	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,689,629	0.000000	0.000000	1,839,495	67.00
69.00	06900	ELECTROCARDIOLOGY	0	34,126,675	0.000000	0.000000	8,179,294	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,219,207	0.000000	0.000000	947,450	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,121,547	0.000000	0.000000	16,052,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	75,683,379	0.000000	0.000000	26,139,868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	116,666,181	0.000000	0.000000	40,393,447	73.00
74.00	07400	RENAL DIALYSIS	0	3,149,788	0.000000	0.000000	2,192,522	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0	5,377,428	0.000000	0.000000	0	90.01
90.02	09002	WOUND CARE CLINIC	0	2,460,037	0.000000	0.000000	7,393	90.02
91.00	09100	EMERGENCY	680,476	91,280,498	0.007455	0.007455	15,738,623	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0	4,227,877	0.000000	0.000000	121,954	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,604,394	0.000000	0.000000	757,482	92.00
200.00		Total (lines 50-199)	680,476	1,045,690,181			265,753,894	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 10:16 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	21,035,055	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	2,200,000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	20,227	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,289,319	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	55,366,691	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	18,302,870	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	626,549	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	741,924	0	65.00
66.00	06600 PHYSICAL THERAPY	0	917,717	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,386,026	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	7,241,909	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	78,385	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,703,195	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,049,345	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,110,358	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	1,820,373	0	90.01
90.02	09002 WOUND CARE CLINIC	0	1,219,321	0	90.02
91.00	09100 EMERGENCY	117,331	11,486,122	85,629	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	2,113,576	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,484,751	0	92.00
200.00	Total (lines 50-199)	117,331	148,193,713	85,629	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 10:16 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.219979	21,035,055	0	0	4,627,270	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.142825	2,200,000	0	0	314,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.303973	20,227	0	0	6,148	52.00
53.00	05300	ANESTHESIOLOGY	0.053250	2,289,319	0	0	121,906	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126363	55,366,691	0	0	6,996,301	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.151169	18,302,870	0	20,531	2,766,827	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.165929	626,549	0	0	103,963	62.00
65.00	06500	RESPIRATORY THERAPY	0.152627	741,924	0	0	113,238	65.00
66.00	06600	PHYSICAL THERAPY	0.356171	917,717	0	0	326,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.411774	1,386,026	0	0	570,729	67.00
69.00	06900	ELECTROCARDIOLOGY	0.204676	7,241,909	0	0	1,482,245	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113274	78,385	0	0	8,879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183611	2,703,195	0	0	496,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.565269	7,049,345	0	0	3,984,776	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185774	9,110,358	0	1,605	1,692,468	73.00
74.00	07400	RENAL DIALYSIS	0.218974	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.433110	1,820,373	0	0	788,422	90.01
90.02	09002	WOUND CARE CLINIC	0.757293	1,219,321	0	0	923,383	90.02
91.00	09100	EMERGENCY	0.197634	11,486,122	0	0	2,270,048	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.425924	2,113,576	0	0	900,223	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.055591	2,484,751	0	0	138,130	92.00
200.00		Subtotal (see instructions)		148,193,713	0	22,136	28,632,371	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)		148,193,713	0	22,136	28,632,371	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 10:16 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	3,104	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	298	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	3,402	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	3,402	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288 Component CCN: 14S288		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/29/2013 10:16 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,977,903	148,042,309	0.026870	2,502	67	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	286,275	22,066,714	0.012973	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	801,607	23,703,104	0.033819	0	0	52.00
53.00	05300	ANESTHESIOLOGY	144,162	25,843,771	0.005578	116,590	650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,515,981	264,182,130	0.013309	341,691	4,548	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	811,127	113,772,195	0.007129	915,354	6,526	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,580	6,619,685	0.002656	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	160,674	34,202,694	0.004698	132,321	622	65.00
66.00	06600	PHYSICAL THERAPY	211,276	9,650,939	0.021892	75,105	1,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	214,340	6,689,629	0.032041	72,712	2,330	67.00
69.00	06900	ELECTROCARDIOLOGY	489,012	34,126,675	0.014329	264,789	3,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,659	4,219,207	0.003948	6,626	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	96,585	45,121,547	0.002141	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	450,129	75,683,379	0.005948	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	475,707	116,666,181	0.004078	1,608,981	6,561	73.00
74.00	07400	RENAL DIALYSIS	8,551	3,149,788	0.002715	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SPORTS MEDICINE	365,687	5,377,428	0.068004	0	0	90.01
90.02	09002	WOUND CARE CLINIC	268,899	2,460,037	0.109307	0	0	90.02
91.00	09100	EMERGENCY	1,315,974	91,280,498	0.014417	605,674	8,732	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	160,857	4,227,877	0.038047	27,993	1,065	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,604,394	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	13,788,985	1,045,690,181		4,170,338	36,565	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 10:16 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	680,476	0	680,476	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	680,476	0	680,476	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 10:16 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	148,042,309	0.000000	0.000000	2,502	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	22,066,714	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,703,104	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	25,843,771	0.000000	0.000000	116,590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	264,182,130	0.000000	0.000000	341,691	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	113,772,195	0.000000	0.000000	915,354	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,619,685	0.000000	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	34,202,694	0.000000	0.000000	132,321	65.00
66.00	06600	PHYSICAL THERAPY	0	9,650,939	0.000000	0.000000	75,105	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,689,629	0.000000	0.000000	72,712	67.00
69.00	06900	ELECTROCARDIOLOGY	0	34,126,675	0.000000	0.000000	264,789	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,219,207	0.000000	0.000000	6,626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,121,547	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	75,683,379	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	116,666,181	0.000000	0.000000	1,608,981	73.00
74.00	07400	RENAL DIALYSIS	0	3,149,788	0.000000	0.000000	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0	5,377,428	0.000000	0.000000	0	90.01
90.02	09002	WOUND CARE CLINIC	0	2,460,037	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	680,476	91,280,498	0.007455	0.007455	605,674	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0	4,227,877	0.000000	0.000000	27,993	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,604,394	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	680,476	1,045,690,181			4,170,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 10:16 am
	Component CCN: 14S288	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	3,516,243	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	526,720	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	969,113	0	52.00
53.00	05300 ANESTHESIOLOGY	0	486,154	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,618,246	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	3,687,802	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	82,516	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	225,179	0	65.00
66.00	06600 PHYSICAL THERAPY	0	368,864	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	317,192	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	791,135	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	23,564	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	342,468	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	224,983	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,559,355	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	341,122	0	90.01
90.02	09002 WOUND CARE CLINIC	0	49,040	0	90.02
91.00	09100 EMERGENCY	4,515	8,082,295	60,254	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	174,659	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (Lines 50-199)	4,515	30,386,650	60,254	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 10:16 am
		Component CCN: 14S288	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.219979	3,516,243	0	0	773,500	50.00
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.142825	526,720	0	0	75,229	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.303973	969,113	0	0	294,584	52.00
53.00 05300 ANESTHESIOLOGY	0.053250	486,154	0	0	25,888	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.126363	8,618,246	0	0	1,089,027	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.151169	3,687,802	0	0	557,481	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.165929	82,516	0	0	13,692	62.00
65.00 06500 RESPIRATORY THERAPY	0.152627	225,179	0	0	34,368	65.00
66.00 06600 PHYSICAL THERAPY	0.356171	368,864	0	0	131,379	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.411774	317,192	0	0	130,611	67.00
69.00 06900 ELECTROCARDIOLOGY	0.204676	791,135	0	0	161,926	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.113274	23,564	0	0	2,669	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183611	342,468	0	0	62,881	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.565269	224,983	0	0	127,176	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.185774	1,559,355	0	0	289,688	73.00
74.00 07400 RENAL DIALYSIS	0.218974	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0.433110	341,122	0	0	147,743	90.01
90.02 09002 WOUND CARE CLINIC	0.757293	49,040	0	0	37,138	90.02
91.00 09100 EMERGENCY	0.197634	8,082,295	0	0	1,597,336	91.00
91.01 09101 DAY HOSPITAL	0.000000	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	0.425924	174,659	0	0	74,391	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.055591	0	0	0	0	92.00
200.00		Subtotal (see instructions)	30,386,650	0	5,626,707	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	30,386,650	0	5,626,707	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 10:16 am
	Component CCN: 14S288	To 12/31/2012	
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OPERATING ROOM	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	90.01
90.02 09002 WOUND CARE CLINIC	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DAY HOSPITAL	0	0	91.01
91.02 09102 PAIN CLINIC	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 10:16 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.219979	0	3,347,322	0	0
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.142825	0	594,726	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.303973	0	1,016,236	0	0
53.00 05300 ANESTHESIOLOGY	0.053250	0	606,893	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.126363	0	8,940,241	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.151169	0	3,916,957	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.165929	0	83,338	0	0
65.00 06500 RESPIRATORY THERAPY	0.152627	0	210,838	0	0
66.00 06600 PHYSICAL THERAPY	0.356171	0	160,768	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.411774	0	552,704	0	0
69.00 06900 ELECTROCARDIOLOGY	0.204676	0	922,243	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.113274	0	17,725	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183611	0	440,346	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.565269	0	336,950	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.185774	0	1,534,891	0	0
74.00 07400 RENAL DIALYSIS	0.218974	0	0	0	0
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 SPORTS MEDICINE	0.433110	0	442,994	0	0
90.02 09002 WOUND CARE CLINIC	0.757293	0	33,577	0	0
91.00 09100 EMERGENCY	0.197634	0	8,361,817	0	0
91.01 09101 DAY HOSPITAL	0.000000	0	0	0	0
91.02 09102 PAIN CLINIC	0.425924	0	175,531	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.055591	0	890,138	0	0
200.00 Subtotal (see instructions)		0	32,586,235	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	32,586,235	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 10:16 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	736,341	0	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	84,942	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	308,908	0	52.00
53.00	05300	ANESTHESIOLOGY	32,317	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,129,716	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	592,122	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,828	0	62.00
65.00	06500	RESPIRATORY THERAPY	32,180	0	65.00
66.00	06600	PHYSICAL THERAPY	57,261	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	227,589	0	67.00
69.00	06900	ELECTROCARDIOLOGY	188,761	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,008	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,852	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	190,467	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	285,143	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	191,865	0	90.01
90.02	09002	WOUND CARE CLINIC	25,428	0	90.02
91.00	09100	EMERGENCY	1,652,579	0	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	74,763	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	49,484	0	92.00
200.00		Subtotal (see instructions)	5,956,554	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	5,956,554	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2013 10:16 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,810	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,810	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		47,356	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		22,472	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,372,291	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,372,291	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		87,182,844	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		87,182,844	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.577778	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,841.01	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27 50,372,291	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,053.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,676,274	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		23,676,274	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2013 10:16 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	24,502,166	12,930	1,894.99	8,244	15,622,298		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					56,415,134		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					95,713,706		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,295,846		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,955,672		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,251,518		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					89,462,188		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					454		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,053.59		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					478,330		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 10:16 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,159,947	50,372,291	0.082584	478,330	39,502	90.00
91.00	Nursing School cost	0	50,372,291	0.000000	478,330	0	91.00
92.00	Allied health cost	0	50,372,291	0.000000	478,330	0	92.00
93.00	All other Medical Education	0	50,372,291	0.000000	478,330	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S288		Date/Time Prepared: 5/29/2013 10:16 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,092	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,092	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,092	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,380	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,449,194	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		13,449,194	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		23,676,842	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		23,676,842	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.568032	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,346.10	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27 13,449,194	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,332.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,169,711	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,169,711	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S288				Date/Time Prepared: 5/29/2013 10:16 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					776,254		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,945,965		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					566,998		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					41,080		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					608,078		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,337,887		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288 Component CCN: 14S288		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 10:16 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,063,575	13,449,194	0.079081	0	0	90.00
91.00	Nursing School cost	0	13,449,194	0.000000	0	0	91.00
92.00	Allied health cost	0	13,449,194	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,449,194	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 10:16 am
		Title XVII	Hospital	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		39,025,006		30.00
31.00	03100 INTENSIVE CARE UNIT		18,486,342		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.219979	29,186,813	6,420,486	50.00
50.01	05001 OPERATING ROOM	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.143952	4,138,431	595,735	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.339045	53,724	18,215	52.00
53.00	05300 ANESTHESIOLOGY	0.095909	4,960,546	475,761	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127098	58,877,980	7,483,274	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.151169	32,997,354	4,988,177	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.165929	2,839,642	471,179	62.00
65.00	06500 RESPIRATORY THERAPY	0.152627	16,095,890	2,456,667	65.00
66.00	06600 PHYSICAL THERAPY	0.361544	4,233,218	1,530,495	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.411774	1,839,495	757,456	67.00
69.00	06900 ELECTROCARDIOLOGY	0.204676	8,179,294	1,674,105	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.113274	947,450	107,321	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183611	16,052,768	2,947,465	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.565269	26,139,868	14,776,057	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185774	40,393,447	7,504,052	73.00
74.00	07400 RENAL DIALYSIS	0.218974	2,192,522	480,105	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 SPORTS MEDICINE	0.433110	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0.757293	7,393	5,599	90.02
91.00	09100 EMERGENCY	0.230575	15,738,623	3,628,933	91.00
91.01	09101 DAY HOSPITAL	0.000000	0	0	91.01
91.02	09102 PAIN CLINIC	0.425924	121,954	51,943	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.055591	757,482	42,109	92.00
200.00	Total (sum of lines 50-94 and 96-98)		265,753,894	56,415,134	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		265,753,894		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S288		Date/Time Prepared: 5/29/2013 10:16 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		10,753,324	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219979	2,502	550 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.143952	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.339045	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.095909	116,590	11,182 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127098	341,691	43,428 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.151169	915,354	138,373 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.165929	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.152627	132,321	20,196 65.00
66.00	06600	PHYSICAL THERAPY	0.361544	75,105	27,154 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.411774	72,712	29,941 67.00
69.00	06900	ELECTROCARDIOLOGY	0.204676	264,789	54,196 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.113274	6,626	751 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.183611	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.565269	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185774	1,608,981	298,907 73.00
74.00	07400	RENAL DIALYSIS	0.218974	0	0 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.433110	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.757293	0	0 90.02
91.00	09100	EMERGENCY	0.230575	605,674	139,653 91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0 91.01
91.02	09102	PAIN CLINIC	0.425924	27,993	11,923 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.055591	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,170,338	776,254 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		4,170,338	776,254 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 10:16 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		57,812,312	1.00
2.00	Outlier payments for discharges. (see instructions)		2,874,943	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		288.76	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.99	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		13.45	31.00
32.00	Sum of lines 30 and 31		15.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.79	33.00
34.00	Disproportionate share adjustment (see instructions)		1,612,964	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		425.72	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		62,300,219	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		62,300,219	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,963,578	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		315	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 10:16 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		117,331	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,381,443	59.00
60.00	Primary payer payments		22,273	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,359,170	61.00
62.00	Deductibles billed to program beneficiaries		5,778,631	62.00
63.00	Coinsurance billed to program beneficiaries		85,255	63.00
64.00	Allowable bad debts (see instructions)		742,715	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		519,901	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		534,999	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,015,185	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.93	HVBP incentive payment (see instructions)		21,941	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-28,072	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		62,009,054	71.00
72.00	Interim payments		59,862,131	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		2,146,923	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		46,773	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		2,874,943	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 10:16 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			3,402 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			28,546,742 2.00
3.00	PPS payments			20,556,804 3.00
4.00	Outlier payment (see instructions)			74,560 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			85,629 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			3,402 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			22,136 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			22,136 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			22,136 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			18,734 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			3,402 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			20,716,993 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,558,967 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			16,161,428 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			16,161,428 30.00
31.00	Primary payer payments			1,331 31.00
32.00	Subtotal (line 30 minus line 31)			16,160,097 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			388,027 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			271,619 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			357,483 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			16,431,716 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			16,431,716 40.00
41.00	Interim payments			16,114,959 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			316,757 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			74,560 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 10:16 am
		Component CCN: 14S288	Title XVIIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,566,453	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		60,254	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		60,254	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		60,254	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		60,254	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		60,254	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		60,254	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		60,254	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		60,254	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 10:16 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		59,716,726		16,071,066	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/12/2012	145,405	11/12/2012	43,893	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		145,405		43,893	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		59,862,131		16,114,959	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,146,923		316,757	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		62,009,054		16,431,716	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288
Component CCN: 14S288

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 10:16 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,949,139		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,949,139		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		4,514		60,254	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,953,653		60,254	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/29/2013 10:16 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			16,022 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			30,716 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,246 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			60,286 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,215,115,651 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			29,246,418 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,090,246 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,085,001 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			5,245 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/29/2013 10:16 am
		Component CCN: 14S288	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,523,848	1.00
2.00	Net IPF PPS Outlier Payments		693,824	2.00
3.00	Net IPF PPS ECT Payments		28,005	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		27.573770	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		5,245,677	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		5,245,677	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		5,245,677	18.00
19.00	Deductibles		258,680	19.00
20.00	Subtotal (line 18 minus line 19)		4,986,997	20.00
21.00	Coinsurance		37,859	21.00
22.00	Subtotal (line 20 minus line 21)		4,949,138	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,949,138	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		4,515	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		4,953,653	31.00
32.00	Interim payments		4,949,139	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		4,514	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		693,824	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140288 Period: From 01/01/2012 To 12/31/2012 Worksheet G Date/Time Prepared: 5/29/2013 10:16 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	271,203,000	0	0	0	1.00
2.00	Temporary investments	64,328,000	1,073,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	444,953,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	153,907,000	0	0	0	9.00
10.00	Due from other funds	23,343,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	957,734,000	1,073,000	0	0	11.00
FIXED ASSETS						
12.00	Land	105,426,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,885,749,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,067,117,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,754,541,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,303,751,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,619,691,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	171,365,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,791,056,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,052,541,000	1,073,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	177,853,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	349,585,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	49,164,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	466,058,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,042,660,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,105,889,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	807,673,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,913,562,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,956,222,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,096,319,000				52.00
53.00	Specific purpose fund		1,073,000			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,096,319,000	1,073,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,052,541,000	1,073,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
5/29/2013 10:16 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		2,606,723,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		27,855,679			2.00
3.00	Total (sum of line 1 and line 2)		2,634,578,679		0	3.00
4.00	Additions (credit adjustments) (specify)	461,740,321		1,073,000		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		461,740,321		1,073,000	10.00
11.00	Subtotal (line 3 plus line 10)		3,096,319,000		1,073,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,096,319,000		1,073,000	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 10:16 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	87,182,844		87,182,844	1.00
2.00	SUBPROVIDER - IPF	23,676,842		23,676,842	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	110,859,686		110,859,686	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,676,842		23,676,842	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,676,842		23,676,842	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	134,536,528		134,536,528	17.00
18.00	Ancillary services	590,847,149	365,280,338	956,127,487	18.00
19.00	Outpatient services	34,432,990	71,481,741	105,914,731	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	759,816,667	436,762,079	1,196,578,746	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		343,816,638		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		343,816,638		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140288

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
5/29/2013 10:16 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,196,578,746	1.00
2.00	Less contractual allowances and discounts on patients' accounts	832,953,264	2.00
3.00	Net patient revenues (line 1 minus line 2)	363,625,482	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	343,816,638	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,808,844	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	8,046,835	24.00
25.00	Total other income (sum of lines 6-24)	8,046,835	25.00
26.00	Total (line 5 plus line 25)	27,855,679	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,855,679	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet I-5 Date/Time Prepared: 5/29/2013 10:16 am
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			0 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			0 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			0 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			0 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			0 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			0 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140288	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 10:16 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,656,326	1.00
2.00	Capital DRG outlier payments		159,181	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		164.72	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.99	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		13.45	8.00
9.00	Sum of lines 7 and 8		15.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.18	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		148,071	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,963,578	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00